



DATE _____

CONSTITUENT SERVICE FORM

Congressman Scott Perry

22 Chambersburg Street
Gettysburg, PA 17325
(717) 338-1919
(717) 334-6314 Fax

2209 East Market Street
York, PA 17402
(717) 600-1919
(717) 757-5001 Fax

730 North Front Street
Wormleysburg, PA 17043
(717) 635-9504
(717) 635-9861 Fax

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W) _____

Date of Birth: _____

Social Security, Medicare and Federal Claim Number: _____

Federal agency with which you have a problem: _____

Please describe your problem briefly: _____

What would you like Congressman Perry to do to help? _____

In accordance with Title 5, Section 552(a), of the United States Code (1974 Privacy Act), I hereby authorize Congressman Scott Perry and/or his staff to request assistance on my behalf in connection with my above named subject/problem with above named government agency. I authorize discussion of my records with Congressman Perry and/or his staff.

Signature: _____ Date: _____

**** Under the terms of the Privacy Act, all constituent service requests must include a signature ****
___ If checked, the Congressional office consents to have confidential information about this inquiry left on voicemail/answering machine.